



INTERIM CHANGE REPORT FORM

Please complete this form to report any changes in household income or family composition. **All changes must be reported within (10) business days of the change.** If are requesting to add an additional member to the household you must also complete a Personal Declaration. All changes require third party written verification to include: income/employment, unemployment and child care. Please request applicable verification forms at the LHA office.

HEAD OF HOUSEHOLD: _____ SSN: _____

ADDRESS: _____

DAYTIME PHONE: _____ HOME PHONE: _____

WHAT IS YOUR CHANGE? _____

REMOVING A FAMILY MEMBER FROM HOUSEHOLD? IF SO, WHO IS VACATING? _____

ADDING FAMILY MEMBERS? Yes No If yes, please list additional **and all** family members currently in household:

<u>Name</u>	<u>Relationship</u>	<u>Sex</u>	<u>Birth Date</u>	<u>SSN</u>

Income/Employment

Wages:	Employee:	Employer:	Gross Monthly Amount:
_____	_____	_____	_____

TANF Received By:	Monthly Amount:
_____	_____
SSI/SS/SSDI Received By:	Monthly Amount:
_____	_____

Unemployment Received By:	Monthly/Weekly Amount:
_____	_____
Pension Received By:	Monthly Amount:
_____	_____
AND Received By:	Monthly Amount:
_____	_____
Child Support Received By:	Monthly Amount:
_____	_____

Do You Pay For Child Care? _____ How Much per Week or Per Month? \$ _____

Do You Receive CCAP? _____

Name of Child/children: _____

Participant Certification

I certify that all information reported above is true and complete.

Signature _____

Date _____

